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| Class                | Subclass |
| ISSUE CLASSIFICATION |          |

PATENT NUMBER

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U.S. UTILITY Patent Application

U.S. UTILITY Patent Application

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| O.K.P.E.<br>SCANNED <i>EnC</i> Q.A. <i>4/17</i> | PATENT DATE |
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|------------------------------|------------|------------------------|------------------------|-------------------------|-----------------------------------|
| APPLICATION NO.<br>09/766745 | CONT/PRIOR | CLASS<br>229 <i>53</i> | SUBCLASS<br><i>460</i> | ART UNIT<br><i>3727</i> | EXAMINER<br><i>P. J. Paradise</i> |
|------------------------------|------------|------------------------|------------------------|-------------------------|-----------------------------------|

## APPLICANTS

William Gerrie  
Louis Thyroff

Combined integral picture frame and mailer

# TABLE

PTO-2040  
12/89[illegible]

|   |  |             |            |  |                      |
|---|--|-------------|------------|--|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>  |             |            | <b>CLAIMS ALLOWED</b>                          |                      |
|   | Sheets Drwg.   | Figs. Drwg. | Print Fig. | Total Claims                                   | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)                         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b><br><br>_____ |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br><br>_____<br><br>_____ | _____<br><br>_____<br><br>_____<br>(Primary Examiner) (Date) |             |            | <b>ISSUE FEE</b><br><br>Amount Due Date Paid   |                      |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date)                 |             |            | <b>ISSUE BATCH NUMBER</b>                      |                      |

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